

Tax Year 2014 8849 Test Scenarios

Form 8849 - Test 1

Form 8849 with Schedule 1 - Test #1

Orignator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 001700005

Name – ESIN SVCS INC

NameControl - ESIN

USAddress – 2403 Green Lane Fairfax VA 22031

Officer

Name – James R. Cook

Title - President

Phone – 7036662121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000008

Phone -7036662222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2014

binaryAttachmentCount - 0

Form 8849 - Test 1

| | | |
|--------------------------|---|----------------|
| Form 8849 Test #1 | Claim for Refund of Excise Taxes | TY 2014 |
|--------------------------|---|----------------|

| | | | |
|---------------------------------|------------------|--|--|
| Name: | ESIN SVCS INC | | |
| Taxpayer identification number: | 001700005 | | |
| Number, street, and room: | 2403 Green Lane | | |
| City or town, State, Zip code: | Fairfax VA 22031 | | |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input checked="" type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternate Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 Schedule 1 - Test #1

| | | |
|---------------------------------------|--------------------------------|----------------|
| Form 8849 Schedule 1 - Test #1 | Nontaxable Use of Fuels | TY 2014 |
|---------------------------------------|--------------------------------|----------------|

| | | | |
|---------------------------------|------------------|--|--|
| Name: | ESIN SVCS INC | | |
| Taxpayer identification number: | 001700005 | | |
| Number, street, and room: | 2403 Green Lane | | |
| City or town, State, Zip code: | Fairfax VA 22031 | | |

Total refund (see instructions)

29,458.25

Period of claim: Enter month, day, and year in MMDDYYYY format.

From
10012014

To
10312014

Form 8849 - Test 1

1 - Nontaxable Use of Gasoline

| | | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|--|-----------------------|----------|----------------|---|------------|
| a | Gasoline (see Caution above line 1) | 4 | .183 | 30250 | 5535.75 | 362 |
| b | Exported | | .184 | | | 411 |

2 - Nontaxable Use of Aviation Gasoline

| | | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-----------------------|----------|----------------|---|------------|
| a | Use in commercial aviation (other than foreign trade) | | .15 | 53042 | 7956.30 | 354 |
| b | Other nontaxable use (see Caution above line 1) | | .193 | | | 324 |
| c | Exported | | .194 | | | 412 |
| d | LUST tax on aviation fuels used in foreign trade | | .001 | | | 433 |

3 - Nontaxable Use of Undyed Diesel Fuel

| | | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-----------------------|----------|----------------|---|------------|
| a | Nontaxable use | | .243 | | | 360 |
| b | Use on a farm for farming purposes | | .243 | | | 360 |
| c | Use in trains | | .243 | | | 353 |
| d | Use in certain intercity and local buses (see Caution above line 1) | | .17 | | | 350 |
| e | Exported | | .244 | | | 413 |

Form 8849 - Test 1

4 - Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here ☐

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|--|---------|
| a | Nontaxable use taxed at \$.244 | .243 | | | 346 |
| b | Use on a farm for farming purposes | .243 | | | 346 |
| c | Use in certain intercity and local buses (see Caution above line 1) | .17 | | | 347 |
| d | Exported | .244 | | | 414 |
| e | Nontaxable use taxed at \$.044 | .043 | | | 377 |
| f | Nontaxable used taxed at \$.219 | .218 | | | 369 |

5 - Kerosene Used in Aviation

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|--------------|--|------------|
| a | Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244 | .200 | 79831 | 15966.20 | 417 |
| b | Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219 | .175 | | | 355 |
| c | Nontaxable use (other than use by state or local government) taxed at \$.244 | .243 | | | 346 |
| d | Nontaxable use (other than use by state or local government) taxed at \$.219 | .218 | | | 369 |
| e | LUST tax on aviation fuels used in foreign trade | .001 | | | 433 |

6 - Nontaxable Use of Alternative Fuel

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|--|------------|
| a | Liquefied petroleum gas (LPG) | .183 | | | 419 |
| b | "P Series" fuels | .183 | | | 420 |
| c | Compressed natural gas (CNG) (GGE=126.67 cu. ft.) | .183 | | | 421 |
| d | Liquefied hydrogen | .183 | | | 422 |

Form 8849 - Test 1

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|--|-------------|-------------|---|------------|
| e | Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process | .243 | | | 423 |
| f | Liquid fuel derived from biomass | .243 | | | 424 |
| g | Liquefied natural gas (LNG) | .243 | | | 425 |
| h | Liquefied gas derived from biomass | .183 | | | 435 |

7 - Nontaxable Use of a Diesel-Water Fuel Emulsion

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|--------------------------|-------------|-------------|---|------------|
| a | Nontaxable use | .197 | | | 309 |
| b | Exported | .198 | | | 306 |

8 - Exported Dyed Fuel and Gasoline Blendstocks

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|---|------------|
| a | Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001 | .001 | | | 415 |
| b | Exported dyed kerosene | .001 | | | 416 |

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 001800006

Name – DSSN Self Services

NameControl - DSSN

USAddress – 2601 Yellow Road Moberly MO 65270

Officer

Name – James R Riley

Title - President

Phone – 6662632121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000009

Phone -6662632222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear –2014

binaryAttachmentCount - 0

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Form 8849

| | | |
|--|---|----------------|
| Form 8849 with Schedule 2 - Test #2 | Claim for Refund of Excise Taxes | TY 2014 |
|--|---|----------------|

| | |
|---------------------------------|--------------------|
| Name: | DSSN Self Services |
| Taxpayer identification number: | 001800006 |
| Number, street, and room: | 2601 Yellow Road |
| City or town, State, Zip code: | Moberly MO 65270 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input checked="" type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 2

Schedule 2, Form 8849

| | | |
|-----------------------------------|--------------------------------------|---------|
| Form 8849 Schedule 2 - Test #2 | Sales by Registered Ultimate Vendors | TY 2014 |
|-----------------------------------|--------------------------------------|---------|

| | |
|---------------------------------|--------------------|
| Name: | DSSN Self Services |
| Taxpayer identification number: | 001800006 |
| Number, street, and room: | 2601 Yellow Road |
| City or town, State, Zip code: | Moberly MO 65270 |

Total refund (see instructions)

4,857.78

Period of claim: Enter month, day, and
year in MMDDYYYY format.

From
01012014

To
12312014

Claimant's registration no.

UV 4321451598UV
UB 4321451598UB
UP 4321451598UP
UA 4321451598UA

Complete for lines 1a, 2a, 4a, 4b, 5a, and 5b. Also complete for lines 3d and 3e, type of use 14. Note: UV claimant must complete line 6 or 7 on page 3.
Complete for lines 1b and 2c.
Complete for line 2b.
Complete for line 3. See UV for lines 3d and 3e, type of use 14.

1 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|--|----------|----------------|--|------------|
| a Use by a state or local government | .243 | 240 | 58.32 | 360 |
| b Use in certain intercity and local buses | .17 | 1764 | 299.88 | 350 |

Form 8849 - Test 2

2 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|--|----------|----------------|--|------------|
| a | Use by a state or local government | .243 | 2057 | 499.85 | 346 |
| b | Sales from a blocked pump | .243 | 4115 | 999.94 | 346 |
| c | Use in certain intercity and local buses | .17 | | | 347 |

3 Sales by Registered Ultimate Vendors of Kerosene for Use in Aviation

| | Type of Use | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|----------------|--|------------|
| a | Use in commercial aviation (other than foreign trade) taxed at \$.219 | .175 | 5714 | 999.95 | 355 |
| b | Use in commercial aviation (other than foreign trade) taxed at \$.244 | .200 | | | 417 |
| c | Nonexempt use in noncommercial aviation | .025 | | | 418 |
| d | Other nontaxable uses taxed at \$.244 | .243 | | | 346 |
| e | Other nontaxable uses taxed at \$.219 | .218 | | | 369 |
| f | LUST tax on aviation fuels used in foreign trade | .001 | | | 433 |

4 Sales by Registered Ultimate Vendors of Gasoline

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|----------------|--|------------|
| a | Use by a nonprofit educational organization | .183 | 5464 | 999.91 | 362 |
| b | Use by a state or local government | .183 | | | 362 |

5 Sales by Registered Ultimate Vendors of Aviation Gasoline

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|----------------|--|------------|
| a | Use by a nonprofit educational organization | \$.193 | 5181 | 999.93 | 324 |
| b | Use by a state or local government | \$.193 | | | 324 |

Form 8849 - Test 2

6 Government Unit Information

| Taxpayer Identification No. | Name | Gallons |
|-----------------------------|---------------------------|------------|
| <i>001800006</i> | <i>Dally Self Service</i> | <i>120</i> |

7 Nonprofit Educational Organization and Government Unit Information

| Taxpayer Identification No. | Name | Gallons |
|-----------------------------|---------------------------|------------|
| <i>001800006</i> | <i>Dally Self Service</i> | <i>120</i> |

Form 8849 - Test 3

Form 8849 with Schedule 3 - Test 3

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 8849

TYEndMonth – 02

Filer

EIN - 001900007

Name – EFAN Fuel Association

NameControl - EFAN

USAddress – 2403 Purple Avenue Osborne KS 67473

Officer

Name – James R Cook

Title - President

Phone – 7853462121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000010

Phone -7853462222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2014

binaryAttachmentCount - 1

8453-EX Excise Tax Declaration for an IRS e-file Return

Form 8849 - Test 3

Form 8849 - Test #3

| | | |
|---------------------------------------|----------------------------------|---------|
| Form 8849 with Schedule 3 - Test 3 | Claim for Refund of Excise Taxes | TY 2014 |
|---------------------------------------|----------------------------------|---------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 001900007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input checked="" type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 3

Form 8849 Schedule 3 - Certain Fuel Mixtures and the Alternative Fuel Credit

| | | |
|-----------------------------------|---|---------|
| Form 8849 Schedule 3 - Test #3 | Certain Fuel Mixtures and the Alternative Fuel Credit | TY 2014 |
|-----------------------------------|---|---------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 001900007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

| | |
|--|------------|
| Total refund (see instructions) | 560 |
|--|------------|

| | |
|------------------------------------|------------------------|
| Claimant's registration no. | 613342241 M, UV |
|------------------------------------|------------------------|

| | | |
|--|-----------------|-----------------|
| Period of claim: Enter month, day, and year in MMDDYYYY format. | From | To |
| | 02012014 | 02282014 |

1 Reserved

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|-------------------|----------|-------------|---|------------|
| a Reserved | | | | |
| b Reserved | | | | |

2 Biodiesel or Renewable Diesel Mixture Credit

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|----------|-------------|---|------------|
| a Biodiesel (other than agri-biodiesel) mixtures | 1.00 | | | 388 |
| b Agri-biodiesel mixtures | 1.00 | | | 390 |
| c Renewable diesel mixtures | 1.00 | | | 307 |

Form 8849 - Test 3
3 Alternative Fuel Credit

| | | (a) Rate | (b) Gallons or gasoline gallon equivalents (GGE) | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|--|--|------------|
| a | Liquefied petroleum gas (LPG) | .50 | | | 426 |
| b | "P Series" fuels | .50 | | | 427 |
| c | Compressed natural gas (CNG)(GGE = 121 cu. ft.) | .50 | | | 428 |
| d | Liquefied hydrogen | .50 | 1120 | 560.00 | 429 |
| e | Fischer-Tropsch process liquid fuel from coal (including peat) | .50 | | | 430 |
| f | Liquid fuel derived from biomass | .50 | | | 431 |
| g | Liquefied natural gas (LNG) | .50 | | | 432 |
| h | Liquefied gas derived from biomass | .50 | | | 436 |
| i | Compressed gas derived from biomass (GCE = 121 cu. ft.) | .50 | | | 437 |

Form 8849 - Test 4

Form 8849 with Schedule 5 - Test 4

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 001700010

Name – WBCN Boat Company

NameControl - WBCN

USAddress – 1212 Blue Street North Beach MD 20714

Officer

Name – William R Smith

Title - President

Phone – 4102572121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000011

Phone -4102572222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2014 binaryAttachmentCount - 0

Form 8849 - Test 4

Form 8849 Schedule 5 - Test #4

| | | |
|---|---|----------------|
| Form 8849 with Schedule 5 - Test 4 | Claim for Refund of Excise Taxes | TY 2014 |
|---|---|----------------|

| | |
|---------------------------------|----------------------|
| Name: | WBCN Boat Company |
| Taxpayer identification number: | 001700010 |
| Number, street, and room: | 1212 Blue Street |
| City or town, State, Zip code: | North Beach MD 20714 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input checked="" type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 4

Schedule 5, Form 8849 - Section 4081(e)

| | | |
|-----------------------------------|-------------------------|---------|
| Form 8849 Schedule 5 - Test #4 | Section 4081(e) Claimss | TY 2014 |
|-----------------------------------|-------------------------|---------|

| | |
|---------------------------------|----------------------|
| Name: | WBCN Boat Company |
| Taxpayer identification number: | 001700010 |
| Number, street, and room: | 1212 Blue Street |
| City or town, State, Zip code: | North Beach MD 20714 |

Total refund (see instructions)

1657.00

Claimant's registration no.

613342241 M

Part I Claim for Refund of Second Tax.

| Type of Fuel | (a) Amount of refund | (b) CRN |
|--|-------------------------|------------|
| 1 Gasoline | 1657.00 | 362 |
| 2 Aviation gasoline | | 324 |
| 3 Diesel fuel | | 360 |
| 4 Kerosene | | 346 |
| 5 Diesel-water fuel emulsion | | 309 |
| 6 Dyed diesel fuel, dyed kerosene, and other exempt removals | | 303 |
| 7 Kerosene for use in aviation | | 369 |
| 8 Kerosene for use in commercial aviation (other than foreign trade) | | 355 |

Part II Supporting Information Required

| (c) Type of fuel Enter line number from Part I. | (d) Date second tax liability incurred Use MMDDYYYY format. | (e) Gallons of fuel claimed | (f) Amount of second tax paid |
|--|--|--------------------------------|----------------------------------|
| 1 | 06092014 | 10000 | 1657.00 |

Form 8849 - Test 4

| (c) Type of fuel | | (d) | (e) | (f) |
|-------------------|---------------------------|-----|-------------------------|---------------------------|
| Enter line number | Date second tax liability | | Gallons of fuel claimed | Amount of second tax paid |
| from | incurred | | | |
| Part I. | Use MMDDYYYY format. | | | |

Form 8849 – Test 5

Form 8849 with Schedule 6 - Test 5

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN Number

ReturnType - 8849

TYEndMonth – 08

Filer

EIN - 001800008

Name – FSIN Services INC

NameControl - FSIN

USAddress – 3509 Orange Lane Glen Allan MS 38744

Officer

Name – Phil P Way

Title - President

Phone – 6628732121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000012

Phone -6628732444

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2014

binaryAttachmentCount - 0

Form 8849 – Test 5

Form 8849 (with Schedule 6) - Test #5

| | | |
|---|---|----------------|
| Form 8849 with Schedule 6 - Test 5 | Claim for Refund of Excise Taxes | TY 2014 |
|---|---|----------------|

| | |
|---------------------------------|---------------------|
| Name: | FSIN Services INC |
| Taxpayer identification number: | 001800008 |
| Number, street, and room: | 3509 Orange Lane |
| City or town, State, Zip code: | Glen Allan MS 38744 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input checked="" type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 – Test 5

Schedule 6, Form 8849 - Other Claims

| | | |
|-----------------------------------|--------------|---------|
| Form 8849 Schedule 6 - Test #5 | Other Claims | TY 2014 |
|-----------------------------------|--------------|---------|

| | |
|---------------------------------|---------------------|
| Name: | FSIN Services INC |
| Taxpayer identification number: | 001800008 |
| Number, street, and room: | 3509 Orange Lane |
| City or town, State, Zip code: | Glen Allan MS 38744 |

Total refund (total of lines 1–5)

91.67

Enter the earliest and latest dates of the events included in this claim. Enter in MMDDYYYY format

Earliest date

05012014

Latest date

06302014

| | Tax | Amount of refund | CRN |
|----------|--------------------------------|-------------------------|------------|
| 1 | F2290 1FUPBDB6PR5537422 | 91.67 | 365 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Use the space below for an explanation of each tax claimed.

FSIN Services INC

EIN: 001800008

VIN: 1FUPBDB6PR5537422

Truck was stolen 5-1-2014.

Category V \$91.67

Form 8849 – Test 6

Form 8849 with Schedule 8 - Test 6

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN NumberReturnType - 8849

TYEndMonth -12

Filer

EIN - 001900009

Name – SOCN Oil Company

NameControl - SOCN

USAddress – 5703 Red Oak Street Lander WY 82520

Officer

Name – Mary A Cook

Title - President

Phone – 3076662121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – James Doe

SSN or PTIN – 000000013

Phone -3076662222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2014

binaryAttachmentCount - 0

Form 8849 – Test 6

Form 8849 (with Schedule 8) - Test #6

| | | |
|---|---|----------------|
| Form 8849 with Schedule 8 - Test 6 | Claim for Refund of Excise Taxes | TY 2014 |
|---|---|----------------|

| | | | |
|---------------------------------|---------------------|--|--|
| Name: | SOCN Oil Company | | |
| Taxpayer identification number: | 001900009 | | |
| Number, street, and room: | 5703 Red Oak Street | | |
| City or town, State, Zip code: | Lander WY 82520 | | |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input checked="" type="checkbox"/> |

Form 8849 – Test 6

Schedule 8, Form 8849 - Registered Credit Card Issuers

| | | |
|---|---------------------------------------|----------------|
| Form 8849 Schedule 8 - Test #6 | Registered Credit Card Issuers | TY 2014 |
|---|---------------------------------------|----------------|

| | |
|---------------------------------|---------------------|
| Name: | SOCN Oil Company |
| Taxpayer identification number: | 001900009 |
| Number, street, and room: | 5703 Red Oak Street |
| City or town, State, Zip code: | Lander WY 82520 |

| | |
|--|---------------|
| Total refund (see instructions) | 629.88 |
|--|---------------|

| | |
|---------------------------------------|-------------------|
| Claimant's registration no. CC | 234-002851 |
|---------------------------------------|-------------------|

| | | |
|--|--------------------------|------------------------|
| Period of claim: Enter month, day, and year in MMDDYYYY format. | From 10012014 | To 12012014 |
|--|--------------------------|------------------------|

1 Sales of Undyed Diesel Fuel

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---------------------------------------|-----------------|------------------------|---|--------------------|
| Use by a state or local government | \$.243 | | | 360 |

2 Sales of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---------------------------------------|-----------------|------------------------|---|--------------------|
| Use by a state or local government | \$.243 | | | 346 |

Form 8849 – Test 6

3 Sales of Kerosene for Use in Aviation

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|--|----------|----------------|--|------------|
| a | Use by a state or local government (kerosene taxed at \$.244) | \$.243 | | | 346 |
| b | Use by a state or local government (kerosene taxed at \$.219) | .218 | | | 369 |

4 Sales of Gasoline

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|---|----------|----------------|--|------------|
| a | Use by a nonprofit educational organization | \$.183 | 3442 | 629.88 | 362 |
| b | Use by a state or local government | .183 | | | 362 |

5 Sales of Aviation Gasoline

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|---|----------|----------------|--|------------|
| a | Use by a nonprofit educational organization | \$.193 | | | 324 |
| b | Use by a state or local government | .193 | | | 324 |
